



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108 -4619

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COMMISSIONER

**Application for Provisional Certification with Advanced Standing as an
Early Intervention Specialist**

Name (as it will appear on certificate): _____ Date: _____

Home Address: _____ Phone: _____

_____ Zip _____ Email: _____

DPH-Approved Early Intervention Higher Education Program Attended: _____

Degree Obtained: _____ Dates Attended: _____ Date of Graduation: _____

Previous University/College Education:

<u>Academic Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Years Attended</u>
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Practica/Internship Experiences:

Department of Public Health-Certified Early Intervention Program name and location	Dates and Total # of Hours Worked
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_____	_____
_____	_____

Name of Current Early Intervention Program (if employed in EI) _____

Please send completed application to:

Early Intervention CSPD Coordinator
MA Department of Public Health
250 Washington Street, 5th floor
Boston, MA 02108